

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of	<u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>169-a</u>
District of		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>53</u>
Town of	<u>Miami</u>		Local Registrar No. _____
or			
City of		No. _____ St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child	<u>Alta Lorraine Burch</u>		
3. Sex of Child	If child is not yet named, make supplemental report, as directed.		
<u>Female</u>			
To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?	7. Date
			<u>Dec. 18, 1926</u>
	5. No., in order of birth	<u>yes</u>	Month day year
3. FATHER		14. MOTHER	
Full name <u>Harry Louis Burch</u>		Full maiden name <u>Winifred Cavender</u>	
9. Residence (Usual place of abode) <u>Miami</u>		15. Residence (Usual place of abode) <u>Miami</u>	
If nonresident, give place and state <u>Arizona</u>		If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>Cauc.</u>	11. Age at last birthday <u>23</u> (Years)	16. Color or race <u>Cauc.</u>	17. Age at last birthday <u>15</u> (Years)
12. Birthplace (city or place) <u>Capatzen</u>	(State or country) <u>New Mex.</u>	18. Birthplace (city or place) <u>Corpus Cristi</u>	(State or country) <u>Texas</u>
13. Occupation <u>Pipefitter</u>	Nature of Industry <u>Old Dominion Mine</u>	19. Occupation <u>Housewife</u>	Nature of Industry _____
20. Number of children of this mother	(a) Born alive and now living	21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive but now dead	<u>yes</u>	
	(c) Stillborn		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>10 A.M.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Cyril M. Brown, M.D.</u>	
Given name added from _____		(Physician or midwife)	
a supplemental report _____		Address <u>Miami, Arizona</u>	
Month, day, year.		Filed _____ 19 _____	Local Registrar.
Registrar.		Filed <u>Dec 27</u> 19 <u>26</u>	County Registrar.

128-1218-639